## **Emergency Services District (ESD) Reporting Form Jan. 1, 2021**

Information received from this form will be transmitted to the Texas Division of Emergency Management in satisfaction of reporting requirements under Chapter 775 of the Health and Safety Code. This form is for the report required for Jan. 1, 2021.

Please familiarize yourself with the form before you begin submitting answers, because there is no mechanism to save the form and return later.

ESD Name (i.e., Buffalo County ESD No. 99) *			
Williamson County ESD No 1			
County or Counties in	Which ESD is Located *		
Williamson			
ESD Business Addres	s *		
PO Box 523			
Street Address			
301 South Patterso	1		
Street Address Line 2			
Florence	Texas		
City	State / Province		
76527	United States		
Postal / Zip Code	Country		

ESD email \*

admin@wilcoesd7.org

254 - 7932590 Phone Number  ESD website  WWW.Wilcoesd7.org  Type of ESD *  O Fire O Emergency Medical Service O Both  Annual ESD Budget *  771,181  Tax rate (most recently adopted; i.e., \$0.10/\$100) *  10  Population of ESD  9000  Area (sq. miles) of ESD  134  Does your ESD collect a sales tax?  O Yes No  If your ESD collects a sales tax, what is the rate of the sales tax? (i.e. 1/2 percent) 2 percent	ESD phone *
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-	If your ESD collects a sales tax what is the rate of the sales tax? (i.e. 1/2 nercent)
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Name of Person Completing this Form *		
Amy	Crane	
First Name	Last Name	
E-mail *		
acrane@	wilcoesd7.org	
Phone Nur	nber *	
254	254 793-2590	
Area Code	Phone Number	
	SD President (Commissioner No. 1)	
John	Fenoglio	
First Name	Last Name	
E-mail *		
jfenoglio(	wilcoesd7.org	
Term Expir	es (example: 12/31/20) *	
12/31/202	1	

200000000000000000000000000000000000000	Vice President (Commissioner No. 2
Sandra	Simpson
First Name	Last Name
E-mail *	S
ssimpson@	@wilcoesd7.org
Term Expires	(example: 12/31/19) *
12/31/21	
Name of ESD	Secretary (Commissioner No. 3) *
Keith	Couch
First Name	Last Name
E-mail *	
kcouch@wil	coesd7.org
	***************************************
Term Expires	(example: 12/31/19) *
12/31/20	
	(18.43)(18.43)(18.43)(18.43)(18.43)(18.43)(18.43)
Name of ESD	Treasurer (Commissioner No. 4) *
Laura	Anderson
First Name	Last Name
E-mail *	
landerson@	wilcoesd7.org_
Term Expires	(example: 12/31/19) *
12/31/20	

Name of ESD C	Commissioner (Commissioner No. 5) *
Amber	Roberson
First Name	Last Name
E-mail *	
aroberson@v	wilcoesd7.org
Term Expires (	example: 12/31/19) *
12/31/2021	
	4
Name of ESD's	s legal counsel *
Ken	Campbell
First Name	Last Name
Address	
4807 Spicew	ood Springs Rd. Bldg 4, Suite
Street Address	
Street Address Line	2
Austin	Texas
City	State / Province
78759	United States
Postal / Zip Code	Country
Phone Numbe	
L	38-5322 none Number
AIGH COUG FI	JOHO TRANSMOT

Name of ESI	s general manager, executive director or administrator (N/A if no Shelton
First Name	Last Name
E-mail	
shelton@v	coesd7.org
	hief or EMS CEO
Robert	hief or EMS CEO Shelton Last Name
Robert First Name	Shelton
Robert First Name	Shelton
Robert First Name	Shelton Last Name
Robert First Name	Shelton Last Name
Robert First Name  E-mail rshelton@	Shelton Last Name wilcoesd7.org
Robert First Name  E-mail rshelton@	Shelton Last Name

E-mail	
Names of Other	Consultant
	200
First Name	Last Name
0	4.6
Service provide	d (i.e. audit)
E-mail	
	***************************************
	***************************************
Question or cor	nment

**Submit Form** 

Must be using Adobe Reader to submit form.